

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

03

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	559127.64	
(c) Total Receipts (from Line 19)	55587.50	264981.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	614715.14	630506.66
7. Total Disbursements (from Line 31)	79765.65	95557.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	534949.49	534949.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	42901.02	226341.02
(i) Itemized (use Schedule A)		
(ii) Unitemized	11717.38	36603.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	54618.40	262944.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	54618.40	262944.95
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	969.10	2036.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55587.50	264981.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55587.50	264981.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		79000.00	93000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		765.65	2557.17
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		79765.65	95557.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		79765.65	95557.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	54618.40	262944.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54618.40	262944.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Charles Cole, III

Mailing Address 2666 Edgewater Dr

City State Zip Code
 Weston FL 33332-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Broward Radiologist-
s, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 2 / 2 0 0 7

Transaction ID: 18795382

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

DR Lawrence Swayne

Mailing Address 11 Walnut Cir

City State Zip Code
 Basking Ridge NJ 07920-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morristown Rad Assoc PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 2 / 2 0 0 7

Transaction ID: 18795383

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR James Rademacher

Mailing Address Rutland Regional Medical Center
 160 Allen St

City State Zip Code
 Rutland VT 05701-4595

FEC ID number of contributing
federal political committee.

C

Name of Employer
VT Physicians Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 2 / 2 0 0 7

Transaction ID: 18795384

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Douglas Gallacher

Mailing Address 2000 Mowry Ave

City State Zip Code
Fremont CA 94538-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Rad Medical Gr-
oup Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 18795386

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City State Zip Code
Gastonia NC 28054-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 18795440

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR H Denny Taylor

Mailing Address 100 Sandpiper Ln

City State Zip Code
Mandeville LA 70471-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Orleans Radiology Gro-
up

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Seth Hardy

Mailing Address 14 Nute Rd

City State Zip Code
 Madbury NH 03823-7512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacoast Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814941

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Jerel Saito

Mailing Address 1300 Ala Pili Loop

City State Zip Code
 Honolulu HI 96818-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates INC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814942

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)

DR Mark Laussade

Mailing Address 10305 Orkiney Dr

City State Zip Code
 Las Vegas NV 89144-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists, Lt-
d.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814944

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Eric Williams

Mailing Address 1600 S 48th St

City	State	Zip Code
Lincoln	NE	68506-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Radiology Group,
PCOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	7

Transaction ID: 18814946

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Philip Rogoff

Mailing Address 58 Rogers Rd

City	State	Zip Code
Carlisle	MA	01741-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Auburn HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	7

Transaction ID: 18814947

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Thomas Harle

Mailing Address Wake Forest Univ Sch Med
Medical Center Blvd

City	State	Zip Code
Winston Salem	NC	27157-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Sch MedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	7

Transaction ID: 18814948

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Paciorek

Mailing Address 6643 Avonlea Ct SE

City State Zip Code
 Grand Rapids MI 49546-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kent Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814955

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Michael Stewart

Mailing Address Missoula Radiology
 PO Box 4165

City State Zip Code
 Missoula MT 59806-4165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missoula Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Craig Moritz

Mailing Address 315 20th St

City State Zip Code
 Santa Monica CA 90402-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verdago Radiology Medical
Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814957

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Michael Reburn

Mailing Address 2708 Legacy Ct

City State Zip Code
Bartlesville OK 74006-7449

FEC ID number of contributing
federal political committee.

C

Name of Employer
RSI

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: 18814958

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Philip Alderson

Mailing Address Columbia Presbyterian Med Ctr
180 Fort Washington Ave Harkness R

City State Zip Code
New York NY 10032-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 18835749

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DR Jerrold Robins

Mailing Address 35 Hill Dr

City State Zip Code
East Greenwich RI 02818-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 18835750

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Christopher Bauman
 Mailing Address 1021 LaGrange Ct

City State Zip Code
 Columbia MO 65203-3500

FEC ID number of contributing federal political committee.

C

Name of Employer
Columbia Radiology, Ltd.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 18835752

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Stuart Braverman
 Mailing Address 232 Constance Ln

City State Zip Code
 Santa Barbara CA 93105-3520

FEC ID number of contributing federal political committee.

C

Name of Employer
Santa Barbara Radiology
Med Group, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 18835753

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Beth Kruse
 Mailing Address 5460 Mount Vernon Pkwy NW

City State Zip Code
 Atlanta GA 30327-4748

FEC ID number of contributing federal political committee.

C

Name of Employer
Beth Kruse, M.D., P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 18836152

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Karen Giles

Mailing Address 209 First St

City

Martinsville

State

VA

Zip Code

24112-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockingham Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 18836153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Donald Stallman

Mailing Address 1822 Rose Creek Parkway East

City

Fargo

State

ND

Zip Code

58104-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meritcare Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 18836154

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR William Thomeier

Mailing Address Canonsburg General Hospital
100 Medical Blvd

City

Canonsburg

State

PA

Zip Code

15317-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tycor Imaging Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 18836155

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Bowers

Mailing Address Mineral King Rad Med Group Inc
 1700 S Court St Ste F

City State Zip Code
 Visalia CA 93277-4948

FEC ID number of contributing federal political committee.

C

Name of Employer
 Mineral King Rad Med Group Inc

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 6 / 2 0 0 7

Transaction ID: 18987542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Jeffrey Rosengarten

Mailing Address 2602 Mulberry Ln

City State Zip Code
 Northbrook IL 60062-5937

FEC ID number of contributing federal political committee.

C

Name of Employer
 Global Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 6 / 2 0 0 7

Transaction ID: 18987546

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Hal Kipfer

Mailing Address 1253 E 91st St

City State Zip Code
 Indianapolis IN 46240-1983

FEC ID number of contributing federal political committee.

C

Name of Employer
 Indiana Univ School of Medicine

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 6 / 2 0 0 7

Transaction ID: 18987945

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Eva Smorzaniuk

Mailing Address 5140 Long Point Farm Drive

City State Zip Code
Oxford MD 21654-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delmarva Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: 18987946

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR P C. Shekar

Mailing Address 1087 Blackwolf Ct

City State Zip Code
Fairview Heights IL 62208-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: 18987948

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Jennifer Kottra

Mailing Address 1820 W Stevanna Way

City State Zip Code
Flagstaff AZ 86001-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Arizona Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: 18987949

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Ethan Foxman

Mailing Address 1047 N Main St

City	State	Zip Code
West Hartford	CT	06117-2055

FEC ID number of contributing
federal political committee.**C**Name of Employer
Jefferson RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	0	7

Transaction ID: 18987951

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
DR Daniel BollMailing Address Radiology Inc
PO Box 1258

City	State	Zip Code
South Bend	IN	46624-1258

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	1	/	2	0	0	7

Transaction ID: 19039054

Amount of Each Receipt this Period

309.30

C. Full Name (Last, First, Middle Initial)
DR Brett Carmichael

Mailing Address 17000 Barryknoll Way

City	State	Zip Code
Granger	IN	46530-6910

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	1	/	2	0	0	7

Transaction ID: 19039055

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

918.60

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Collingwood

Mailing Address 51766 Ashton Court

City State Zip Code
Granger IN 46530-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 19039056

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)
DR David D'Andrea

Mailing Address 51326 Amesbury Way

City State Zip Code
Granger IN 46530-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 19039057

Amount of Each Receipt this Period

309.30

C. Full Name (Last, First, Middle Initial)
DR Gerard Duprat, JR

Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 19039058

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 18 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Mary Dynes

Mailing Address Elkhart General Hosp
600 East Blvd

City State Zip Code
Elkhart IN 46514-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039061

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)

DR Laurence Eckel

Mailing Address 15822 Cedar Ridge Ct

City State Zip Code
Granger IN 46530-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039062

Amount of Each Receipt this Period

309.30

C. Full Name (Last, First, Middle Initial)

DR Alan Engel

Mailing Address 50741 Ashford Ln

City State Zip Code
Granger IN 46530-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039063

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR James Field

Mailing Address PO Box 1258

City State Zip Code
 South Bend IN 46624-1258

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039064

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)

DR Thomas Fischbach

Mailing Address 50600 Fox Trl

City State Zip Code
 Granger IN 46530-8598

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039065

Amount of Each Receipt this Period

309.30

C. Full Name (Last, First, Middle Initial)

DR Ramesh Gopal

Mailing Address 52392 Clarendon Hills Dr

City State Zip Code
 Granger IN 46530-7864

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039069

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Grantham

Mailing Address 50591 Glenshire Ct

City State Zip Code
 Granger IN 46530-4978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039070

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)

DR Alphonse Harding

Mailing Address 17120 Wheatridge Ct

City State Zip Code
 Granger IN 46530-9769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039071

Amount of Each Receipt this Period

309.30

C. Full Name (Last, First, Middle Initial)

DR John Hill

Mailing Address 1531 Cedar Springs Ct

City State Zip Code
 Mishawaka IN 46545-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039072

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Michael R. Holt
Mailing Address 16980 Stonegate Court

City State Zip Code
Granger IN 46530-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039073

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)
DR David Hornback
Mailing Address 50736 Meadow Green Ct

City State Zip Code
Granger IN 46530-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.75

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039080

Amount of Each Receipt this Period

257.75

C. Full Name (Last, First, Middle Initial)
Nina F. Johnson
Mailing Address 16730 Orchard Ridge Court

City State Zip Code
Granger IN 46530-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039081

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

876.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Allison Lamont

Mailing Address Radiology Inc
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039082

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)
Dr. Eugene Long

Mailing Address 406 Broad Street

City State Zip Code
Lagrange GA 30240-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goshen Health

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039083

Amount of Each Receipt this Period

206.20

C. Full Name (Last, First, Middle Initial)
DR Russell Midkiff

Mailing Address 51930 Quail Valley Dr

City State Zip Code
Granger IN 46530-8875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039084

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

824.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Pedro Miro		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 50957 Park Ridge Ct		Transaction ID: 19039094
City Granger	State IN	Zip Code 46530-4986
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 309.30
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.30	

B. Full Name (Last, First, Middle Initial) DR Mark Ormson		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 51194 Midlothian Ct		Transaction ID: 19039095
City Granger	State IN	Zip Code 46530-9253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 309.30
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.30	

C. Full Name (Last, First, Middle Initial) DR Samir Patel		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 14208 Avery Point		Transaction ID: 19039096
City Granger	State IN	Zip Code 46530-4844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 309.30
Name of Employer Radiology, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.30	

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 24 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Karl Schultz

Mailing Address PO Box 1258

City State Zip Code
 South Bend IN 46624-1258

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039097

Amount of Each Receipt this Period

309.30

B. Full Name (Last, First, Middle Initial)

DR Thomas Seiffert

Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
 Mishawaka IN 46545-2784

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039098

Amount of Each Receipt this Period

309.30

C. Full Name (Last, First, Middle Initial)

Kevin Michael Small

Mailing Address 307 E La Salle Avenue Apt. 322L

City State Zip Code
 South Bend IN 46617-4704

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039102

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Jerrold A. Van Dyke

Mailing Address Radiology Incorporated
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039103

Amount of Each Receipt this Period

309.30

Full Name (Last, First, Middle Initial)

B. DR Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City State Zip Code
Granger IN 46530-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039104

Amount of Each Receipt this Period

309.30

Full Name (Last, First, Middle Initial)

C. DR Michael Wheeler

Mailing Address 14689 Old Farm Rd

City State Zip Code
Granger IN 46530-6845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039105

Amount of Each Receipt this Period

309.30

SUBTOTAL of Receipts This Page (optional)

927.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Howard Wiarda

Mailing Address 16784 Woodland Hills Dr S

City State Zip Code
 Granger IN 46530-8447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.30

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039106

Amount of Each Receipt this Period

309.30

Full Name (Last, First, Middle Initial)

B. DR Daryl Chinn

Mailing Address 1255 Somerset Lane

City State Zip Code
 Newport Beach CA 92660-5632

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039115

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039147

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

684.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR George Bolton

Mailing Address 133 Yankton St

City State Zip Code
 Folsom CA 95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039150

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039151

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

DR Christopher Chong

Mailing Address 27075 E El Macero

City State Zip Code
 El Macero CA 95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039153

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City State Zip Code
Davis CA 95618-7664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of SacramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 19039154

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
DR John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 19039156

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
DR Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 19039158

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Hani Greiss

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039159

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Don Charles Loomer

Mailing Address 937 Stillspring Ct

City State Zip Code
Vacaville CA 95687-7704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039162

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
Roseville CA 95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039163

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
 Davis CA 95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039164

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City State Zip Code
 Loomis CA 95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039165

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

DR Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
 Carmichael CA 95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039169

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039170

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
DR Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039171

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
DR David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039172

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039173

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039175

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039177

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039178

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039179

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Michael Haseman

Mailing Address 4713 Firebird Lane

City State Zip Code
Sacramento CA 95841-4550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039183

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039185

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039186

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Susan Lee

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039201

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Mark Logsdon

Mailing Address Rad Associates of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: 19039202

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Walter Eiseman

Mailing Address Radiology Associates of N Ky
500 Thomas More Pkwy Ste 5

City State Zip Code
Crestview Hills KY 41017-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
N. Kentucky

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 19052990

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR David Henry

Mailing Address 20805 Lincolnshire Ct

City State Zip Code
Brookfield WI 53045-3381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 19052992

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR James Kiernan

Mailing Address 5711 32nd St S

City	State	Zip Code
Wisconsin Rapids	WI	54494-7477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Wisconsin Radiolo-
gistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	0	7

Transaction ID: 19053002

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
DR Rita PinkMailing Address Associated Radiologists of Oak Co
44004 Woodward Ave Ste 205

City	State	Zip Code
Bloomfield Hills	MI	48302-5032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forsyth Radiological Asso-
ciatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	0	7

Transaction ID: 19053003

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
DR Pamela Puder

Mailing Address 244 Radnor Chester Rd

City	State	Zip Code
Villanova	PA	19085-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoenixville HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	0	7

Transaction ID: 19053004

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Lori Smithson
Mailing Address 3331 Lady Marian Ct

City State Zip Code
Midlothian VA 23113-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 19053005

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Scott Truhlar
Mailing Address PO Box 10191

City State Zip Code
Iowa City IA 52240-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Services, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: 19065261

Amount of Each Receipt this Period

3600.00

C. Full Name (Last, First, Middle Initial)
DR Jeffrey Moulton
Mailing Address 5675 S Grape Ct

City State Zip Code
Greenwood Village CO 80121-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Imaging Associates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: 19065262

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Roy Siragusa

Mailing Address 28 Winding Creek Way

City State Zip Code
Ormond Beach FL 32174-6773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: 19065263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Mary Lee Hess

Mailing Address Riverside Radiology Associates, In
3525 Olentangy River Rd Ste 5360

City State Zip Code
Columbus OH 43214-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Methodist Hospi-
tal

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: 19065265

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR Sophia Peterman

Mailing Address 487 Burlington Rd NE

City State Zip Code
Atlanta GA 30307-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Radiology Consu-
ltants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: 19065267

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Jones

Mailing Address 4888 Sedgwick

City State Zip Code
 Riverside CA 92507-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington Rad Medical Grp
Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 7

Transaction ID: 19204244

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR James Sloves

Mailing Address Vista Diagnostic Center
 25 McCabe Dr

City State Zip Code
 Reno NV 89511-5991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 1 / 2 0 0 7

Transaction ID: 19204245

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR David W. Weiss

Mailing Address 23 Saint Andrews Dr

City State Zip Code
 Little Rock AR 72212-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204254

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Marie Taylor

Mailing Address Washington University
4921 Parkview PlCity State Zip Code
Saint Louis MO 63110-1032FEC ID number of contributing
federal political committee.

C

Name of Employer
Wash Univ. School of Medi-
cineOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204255

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code
Waban MA 02468-1112FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley HospOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City State Zip Code
Sewalls Point FL 34996-6502FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204257

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
 Dallas TX 75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204258

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
 Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204361

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204418

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City State Zip Code
Pittsburgh PA 15206-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tes

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 19204586

Amount of Each Receipt this Period

166.67

B. Full Name (Last, First, Middle Initial)

DR Hugo Falcon, JR

Mailing Address 2304 Valley Brook Way NE

City State Zip Code
Atlanta GA 30319-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Specia-
lists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 7

Transaction ID: 19204638

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

416.67

TOTAL This Period (last page this line number only)

42901.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2036.94

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 19420855

Amount of Each Receipt this Period

969.10

Interest

SUBTOTAL of Receipts This Page (optional)

969.10

TOTAL This Period (last page this line number only)

969.10

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Glacier PAC

Mailing Address 818 Connecticut Avenue Northwest
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18382236

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name
Rep. Joseph R. Pitts

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18675827

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18507565

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

15000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

24000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 18508154

Date of Disbursement

02 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nathan Deal

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 18708930

Date of Disbursement

02 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Jack Reed

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 18708938

Date of Disbursement

02 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action CommitteeMailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18709353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

5000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement

Candidate Name
Rep. Charles A. GonzalezOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 20

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18509059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

3500.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

C. Friends Of Mary Landrieu IncMailing Address 607 14th Street Nw Suite 800
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Sen. Mary LandrieuOffice Sought: ☐ House
☒ Senate
☐ President

State: LA District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18799644

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name
Rep. Michael J. Rogers

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 8

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18799985

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Red PAC

Mailing Address P.O. Box 51

City Homeland State FL Zip Code 33847

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18708959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens For Altmire

Mailing Address PO Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

Candidate Name
Mr. Jason Altmire

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 18811976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City
Houston

State
TX

Zip Code
77222

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 18507727

Date of Disbursement

02 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Leadership in the New Century (LINC PAC)

Mailing Address 818 Connecticut Avenue NW Ste. 110

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18508441

Date of Disbursement

02 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 18507921

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 18797322

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City
St Paul

State
MN

Zip Code
55128

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 1

Transaction ID: 18799086

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee for a Democratic Majority

Mailing Address 301 4th Street Northeast Suite 20
Suite 202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 18835741

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Doggett For Us Congress

Mailing Address PO Box 5843

City
Austin

State
TX

Zip Code
78763

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lloyd Doggett

Office Sought:

☒

House

☐

Senate

☐

President

State: TX

District: 25

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 18797838

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walden For Congress Inc.

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Greg Walden

Office Sought:

☒

House

☐

Senate

☐

President

State: OR

District: 2

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 18799014

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim F. Murphy

Office Sought:

☒

House

☐

Senate

☐

President

State: PA

District: 18

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 19030172

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Kirk For Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mark Steven Kirk

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: IL

District: 10

Transaction ID: 18709067

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City
Austin

State
TX

Zip Code
78731

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Cornyn

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: TX

District: 2

Transaction ID: 18711136

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Campbell For Congress

Mailing Address 4590 Macarthur Blvd. Suite 500

City
Irvine

State
CA

Zip Code
92660

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Campbell

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: CA

District: 48

Transaction ID: 18710625

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Fortney Peter Stark

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 13

Transaction ID: 18797321

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael C. Burgess, M.D.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 26

Transaction ID: 19030963

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Boren for Congress

Mailing Address PO Box 1924

City
Muskogee

State
OK

Zip Code
74401

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Boren

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 2

Transaction ID: 18797842

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Lindsey Graham For Senate

Mailing Address PO Box 1801

City
Columbia

State
SC

Zip Code
29202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Lindsey O. Graham

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: SC

District: 1

Transaction ID: 19030167

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Herseth For Congress

Mailing Address PO Box 2009

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Stephanie Herseth

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: SD

District: 1

Transaction ID: 19030961

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. More Conservatives PAC (McPAC)

Mailing Address 675 N WASHINGTON STREET
SUITE 410

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 19045344

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
SpringfieldState
MAZip Code
01108

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 19026443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pickering For Congress

Mailing Address P.O. Box 4297

City
BrandonState
MSZip Code
39047

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Charles W. Pickering, Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 3

Transaction ID: 18797843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City
DenverState
COZip Code
80206

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Diana DeGetteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 1

Transaction ID: 19030962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa Delauro

Mailing Address 49 Huntington Street

City
New Haven

State
CT

Zip Code
06511

Purpose of Disbursement

Candidate Name
Rep. Rosa DeLauro

Office Sought: ☒ House
☐ Senate
☐ President

State: CT

District: 3

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19026442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

79000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19420856

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2007

Amount of Each Disbursement this Period

765.65

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

765.65

TOTAL This Period (last page this line number only)

765.65